

STATE OF NEVADA APPLICATION TO AFFIX CERTIFICATION STAMP

INSTRUCTIONS: (A) Submit the application(s) in duplicate for each place of business. (B) A certification fee of \$1835.00 for each application and a \$635.00 fee for a HACCP Plan Review will apply (one check may be submitted). Make checks payable to Nevada State Health Division. (C) Return application(s) to:

**NEVADA STATE HEALTH DIVISION
PUBLIC HEALTH AND CLINICAL SERVICES, ENVIRONMENTAL HEALTH SECTION
4150 TECHNOLOGY WAY, SUITE 101
CARSON CITY, NEVADA 89706**

(A) Name of firm and any DBA(s) used (specify firm name to be printed on certificate):	(B) Application type <input type="checkbox"/> New <input type="checkbox"/> Renewal (If "renew", list current certificate #)
(C) Place of business (street, city, state, zip)	(D) Mailing Address: (P.O. Box, City, State, Zip)
(E) Phone Number: () _____ - _____	(F) FAX Number () _____ - _____
(G) Name(s) and Titles(s) of owners or corporate officers. If a subsidiary, list name and address of parent firm:	
(H) Title and Person responsible for plant operations:	(I) Circle type of Shellfish OYSTERS – CLAMS – MUSSELS – SCALLOPS
(J) Will any shellfish be held in wet storage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(K) Will any shellfish you handle leave the state? <input type="checkbox"/> Yes <input type="checkbox"/> No	
(L) Please check description(s) that fits your shellfish activities: <input type="checkbox"/> shellfish are depurated. <input type="checkbox"/> shellfish are shucked. <input type="checkbox"/> shucked shellfish are repackaged from larger to smaller containers. <input type="checkbox"/> shellstock is harvested and distributed. <input type="checkbox"/> shellstock is repackaged from larger to smaller containers <input type="checkbox"/> shellfish is stored and disturbed in original containers.	
<i>Please immediately notify the Nevada State Health Division, Public Health and Clinical Services, Environmental Health Section of any changes in the above information. By signature, the applicant affirms that all of the information provided is true and correct.</i> Signature of applicant: _____ Date: _____ PRINT Name and Title: _____	
FOR OFFICE USE ONLY	
Certification No:	Date Paid:
Date Issued:	Check Number:
Expiration Date:	Receipt Number: